

Date of report 10 Feb 2020

# Reported case interaction between Darunavir and Carbamazepine

#### Drugs suspected to be involved in the DDI

Victim

**Darunavir** 

Dose adjustment performed

No

Start date

March 22, 2019

Daily Dose

800 (mg)

Administration Route

Oral

End date

**Ongoing** 

Perpetrator

Carbamazepine

Dose adjustment performed

No

Start date

Aug. 13, 2019

Daily Dose

200 (mg)

Administration Route

Oral

End date

Oct. 21, 2019

## Complete list of drugs taken by the patient

Antiretroviral treatment

Darunavir/Cobicistat/Emtricitabine/Tenofovir-AF

Complete list of all comedications taken by the patient, included that involved in the DDI

lormetazepam 2mg

# **Clinical case description**

Gender Age

Female 52

eGFR (mL/min) Liver function impairment

>60 No

#### Description

52 years-old woman, consumer of alcohol with HIV infection since 2014 and 2 previous episodes of treatment abandonment (previously treated with non-nucleoside analogues and protease inhibitors). In March of 2019, she came to our unit and started treatment with DRV/c/FTC/TAF. Several months after achieving undetectability, the patient had an HIV viral load of 420 copies/ml in October 2019. The patient recognized that she had started treatment for alcohol abstinence in a specialized center where carbamazepine had been prescribed. In our Unit, carbamazepine was stopped, and one month later the patient was undetectable again.

#### **Clinical Outcome**

## **Loss of efficacy**

#### **Drug Interaction Probability Scale (DIPS)**

Score

#### 4 - Possible

#### **Editorial Comment**

Coadministration is contraindicated due to the potential for loss of therapeutic effect and eventual development of resistance. Based on theoretical considerations carbamazepine is expected to decrease darunavir and/or cobicistat and/or tenofovir alafenamide plasma concentrations (CYP3A and/or P-gp induction). Symtuza Summary of Product Characteristics Janssen-Cilag Ltd, July 2018.

## **University of Liverpool Recommendation**

These drugs should not be coadministered

For more information click here